

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98-2

05280

CERTIFICATE OF DEATH

Reg. Dist. No. 2.52

1. PLACE OF DEATH:

County Queen Anne
 City or town Rural Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all his life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne
 City or town Star, rural Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Pere Wilson Broadway

3. (b) Social Security Number

213-24-1527

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Annie Thomas Broadway

6. (c) If alive, give age

55 years

7. Birth date of deceased (mo., day, yr.)

Jan. 8 - 1884

8. AGE:

Years

Months

Days

If less than one day

61419

hrs.

min.

9. Birthplace

Star Queen Anne Co. Md

(Town, county, and state)

10. Usual occupation

Farm hand

11. Industry or business

MOTHER FATHER

12. Name

John Wesley Broadway

13. Birthplace

Queen Anne Co. Md

14. Maiden name

Lucy Wilson

15. Birthplace

Queen Anne Co. Md

16. Informant

Pere Richard Broadway

Address

Rural Centerville Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

May 31 - 41

(month) (day) (year)

Cemetery or crematory

Chesapeake

Location

Centerville Maryland

18. Funeral director

Barton Bros

Address

Centerville Md.

19.

5-29-45

19.

Eric Armstrong

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 27

19

45 at 8:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 27 1945 to May 27 1945and that I last saw him alive on May 15 1945

Immediate cause of death

Myocardial failure

DURATION

several

Due to

chronic myocardialdegeneration

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Kurt H. Ederer M.D.

M. D. or other

Address

Queen Anne Md

Date signed

5/28

RECEIVED
JUN 11 1945
BUREAU V.E.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: Queen Anne
 County.....
 City or town.....Rural Church Hill
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....Maryland County.....Queen Anne
 City or town.....Rural Church Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex.....Male 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Widowed
 6.(b) Name of husband or wife.....Mary E. Cole
 7. Birth date of deceased (mo., day, yr.).....March 23 - 1881 6.(c) If alive, give age..... years

8. AGE: Years.....64 Months.....1 Days.....20 If less than one day..... hrs. min.

9. Birthplace.....Centerville, Queen Anne, Ind.
 (Town, county, and state)

10. Usual occupation.....Farmer

11. Industry or business.....Farm

12. Name.....Wm. Henry Cole

13. Birthplace.....Penna.

14. Maiden name.....Mary A. Hummel

15. Birthplace.....Penna.

16. Informant.....Harry Thomas Cole

Address.....Centerville, Ind.

17. Burial Date thereof.....May 16 - 1945
 (Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory.....Centerville Cem.

Location.....Centerville, Ind.

18. Funeral director.....Edgar L. Lane

Address.....Church Hill, Ind.

19. May 15 1945 Edgar L. Lane
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....May 13 1945 et.....11 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from.....May 12 1945 to.....May 13 1945
 and that I last saw him.....May 13 1945

Immediate cause of death.....Cerebral Hemorrhage DURATION.....6 hrs

Due to.....Hypertension

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....Robert S. Ducker M.D. or other

Address.....Church Hill Date signed.....May 16

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
MAY 17 1945
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County Queen Anne
 City or town Russell Chester
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne
 City or town Russell Chester
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

Elmer Galt

3. (b) Social Security Number

None4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced WidowedB. (b) Name of husband or wife Annie L. Johnson Galt

7. Birth date of deceased (mo., day, yr.) August 15 - 1868
 6. (c) If alive, give age years

8. AGE: Years 76 Months 9 Days 11 hrs. min.
 If less than one day

9. Birthplace Little Creek, Linsburg, Delaware
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Samuel E. Galt13. Birthplace Dover, DelawareMOTHER 14. Maiden name Mary Ellen Thompson15. Birthplace Monrovia, Frederick Co., Md.16. Informant Mr. Messers E. GaltAddress Stevensville, Maryland17. Burial May 28, 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Stevensville CemeteryLocation Stevensville, Maryland18. Funeral director Barton BrosAddress Centurich, Maryland19. May 12, 1945 J. C. Thomas

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 19 45, at 1 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 1 19 44, to May 26 19 45.and that I last saw him/her alive on May 26 19 45.

Immediate cause of death

Carcinoma of stomachDURATION about one year

Due to

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Theodor Sattelmayer M.D.Address StevensvilleDate signed 5/26/45

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
MAY 31 1945
BUREAU 7.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

05283

254

1. PLACE OF DEATH:

County Queen Anne's
 City or town Rural Incenton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's
 City or town Rural Incenton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Madeline Buckner Moffett

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

George Monroe Moffett

7. Birth date of

deceased (mo., day, yr.)

September 22 - 1888

6.(c) If alive, give age

81 years

8. AGE:

Years

56

Months

7

Days

10

If less than one day

hrs.

min.

9. Birthplace

Sweetsprings, Missouri
(town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

John Lee Buckner

13. Birthplace

Kansas City, Missouri

MOTHER

14. Maiden name

Alice Smith

15. Birthplace

Kansas City, Missouri

16. Informant

George Monroe Moffett

Address

"Blackford" Incenton Maryland

17.

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Burial
Private

Date thereof

May 5 - 45
(month) (day) (year)

Location

"Blackford" Incenton Maryland

18. Funeral director

Barton Bros

Address

Centerville Maryland

19.

(Date rec'd by registrar)

May 4
45H. M. Aldridge
Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 3 19 45 at 12 20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 2 19 45 to May 3 19 45
and that I last saw him alive on May 3 19 45

Immediate cause of death

Rupture of aorta
into left Pleura CavityDue to Debering AnomalousDue to Arterio Sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE C. P. Layton MD M. D. or otherAddress Centerville Md Date signed 5-4-45

RECEIVED
MAY 7 1945
BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (832)

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH

County Har. Co. HomeCity or town Ruthsburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 yrsHospital, institution, or street address where death occurred:
1015 E. HomeHow long in hospital or institution? 4 yrs

3. (a) FULL NAME

4. Sex

M

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Single

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Dec 1900

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

70

..... hrs. min.

9. Birthplace

Har. Co. Md.

(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

18. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematorium

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

1945

Elise Armstrong
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 10

19

45

at

1 P.

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1900

19

45

to

May 10

19

45

and that I last saw him alive on

May 10

19

45

Immediate cause of death

Pneumonia

DURATION

4 yrs

Due to

hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. McPherson

M. D. or other

Address

Ruthsburg, Md.

Date signed

5/11/45

RECEIVED

MAY 15 1945

BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-2

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen AnneCity or town Rural Church Hill
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?:

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen AnneCity or town Centerville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Walter Alfred Nooshell

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

8. (a) Single, married, widowed, or divorced

married

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 19 45 at 5:20 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 19 45and that I last saw him alive on May 10 19 45

Immediate cause of death _____

DURATION

Heart disease attack 1/2 hour

Due to _____

Due to _____

Other conditions hyper-tension

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Henry Fisher

M. D. or other _____

Address Centerville Ark Date signed 5/12/45

6. (b) Name of husband or wife

Annie Hart Nooshell

7. Birth date of

deceased (mo., day, yr.)

December 7 - 18758. (c) If alive, give age 66 years

8. AGE:

Years

Months

Days

If less than one day

6953

hrs. min.

9. Birthplace

near Money, Kent Co. Maryland

(Town, county, and state)

10. Usual occupation

Farmer & Mechanic

11. Industry or business

FATHER

12. Name

W. A. Nooshell

13. Birthplace

Kent Co. Maryland

MOTHER

14. Maiden name

Ella Farnsworth

15. Birthplace

Delaware

16. Informant

Mrs. Annie Hart Nooshell

Address

Centerville, Maryland

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

May 13 - 45

Cemetery or crematory

Chestersfield

Location

Centerville, Maryland

18. Funeral director

Barton Bros

Address

Centerville, Maryland

19. May 12 - 19 45

(Date rec'd by registrar)

Elice Ametrou5/12/455/12/45

Registrar

RECEIVED
MAY 15 1945
BUREAU V.B.